SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

2022 JAN -4 PH 12: 54

Do Not Mark in This Space For Official Use Only

COVER PAGE

BRISTOL, CT

			A TAGE MINISTOL.	U I	
1. NAME OF COMMITTEE					
MIECCARZ FOR	CITY C	DUNCIL			
2. TREASURER NAME	Trage States Co. 1989 Historia				
First		МІ	Last	Survivorus de na maria de la compansión de	Suffix
GARY			SASSO		
3. TREASURER ADDRESS		a tinde e Nervêr û . Sinda e. Galekê dibê			
Street Address		City		State	Zip Code
34 DONOVAN CT			BRISTOL	C 7	060/0
4. ELECTION/REFERENDUM DATE	5. OFFICE SOU	GHT (Complete only	if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy)					(if applicable)
11/02/2021	CITY (LOUNCIL	ei enie		'. :
7. CANDIDATE NAME (Complete only if	Candidate or Explora	tory Committee)			
First		MI	Last		Suffix
RUBERT		\mathcal{T}_{i}	MIELCARZ		
8. TYPE OF REPORT (Check One Box)					
☐ January 10 filing	☐ 7th day prec	eding primary	☐ 7th day preceding referendum		ribution or Disbursement
☐ April 10 filing	□ 30 days follo	owing primary	☐ 45 days following referendum	(PACs ONLY) ☐ Amendment	: to
☐ July 10 filing	☐ 7th day prec	eding election	☐ Deficit	Type of Rep	ort:
☐ October 10 filing	☐ 12th day pre (State Central C	ceding election Committees Only)	Termination	 .: <u>-:</u>	
O Primary O Election	□ 45 days follo not held in N				
9. PERIOD COVERED					
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	Beginning D	ate	Ending Date		: ''
· · · · · · · · · · · · · · · · · · ·	10/25/6	202/	thru 12/29/2021	· · · · · · · · · · · · · · · · · · ·	
		111.			* 1
10 CHARTEST ATVON				<u>jele.</u> Bojne tija okoleko e	
10. CERTIFICATION				<u> </u>	
I hereby certify and state, under p Disclosure Statement for the per TREASURER OR DEPUTY TREASURE	riod covered is	true, accurate	all of the information set forth on the and complete. ARY SASSU TINAME OF SIGNER	this Itemized Can	paign Finance 12/39/202/ DATE (mm/dd/yyyy)
A person who is	found to have k		illfully violated any provisions of t	he campaign finai	ice statutes

Page 1 of 17

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
MIELCARZ FOR CITY COUNCIL	TERMINATION			
	COLUMN A This Period	COLUMN B Aggregate		
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		.0		
12. Balance on hand at the beginning of Reporting Period	2963.60			
13. Contributions Received from Individuals (Sections A and B)	115,00	4040,00		
14. Receipts from Other Committees (Sections C1 and C2)	0	0		
15. Other Monetary Receipts (Sections D through K)	401,06	651.06		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed				
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	-0	0		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	516.06	4691.06		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	3479,66	4691,06		
19. Expenses Paid by Committee (Section P)	34 19.66	4691,06		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	0	0		
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	O	0		
23. In-Kind Contributions Received (Section M)	0	0		
24. Refundable Deposit to Telephone Company (Section N)	0	0		
25. Loan Balance	0			
25a. + Loans Received (Section D)	0	0		
25b. + Interest and Penalties on Loan	0	0		
25c Payments on Loan	0	0		
25d. Total Outstanding Loan Amount	0			
26. Campaign Expenses Paid by Candidate (Section Q)	101,68	101.68		
27. Expenses Incurred on Committee Credit Card (Section R)	0	0		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	O			
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0			

NAME OF COMMITTEE (Provide Complete Name as Registered	ed with Filing Repository)	TYPE OF REPORT
MIELCARZ FOR CITY CALL		
A. Total Contributions from Small Con	ATTINUTURE Pagained this Davied ONLY	TERMINATION
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$ &
	R Itamized Contributions from Lab.	
Last Name	B. Itemized Contributions from Indivi	
STAFFOR D Residential Street Address		MI
· -	City	State Zip Code
441 CLARK AVE # 24 Principal Occupation	BRISTOL	2-
	Name of Employer	G 06010
RETIRED		
Is contributor a lobbyist, spouse, Yes If contribution	on is in excess of \$400 to a candidate for a chief executive	e officer of a municipality. Amount of Contribution
valued at mo	utor or business he/she is associated with have a contract ore than \$5,000?	with said municipality
Is this contribution associated with an Yes Is contri	ributor a principal of a state contractor or prospective state	e contractor?
fyes, list Event # of g	es, indicate which branch or branches	
Method of Contribution: # /722	Data Pagaiyad	Legislative B 30 -
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll	Deduction Money Order 11/15/3/	- second contractions
Last Name	1/1/5/0/ First	55-
SASSI) Residential Street Address	GARY	MI
	City	State Zip Code
34 DANDAN CT	BR/STOL	CT 06010
• •	Name of Employer	
GOLF PRO	CHIPPANIFI	COUNTRY CLOB
s contributor a lobbyist, spouse. Yes If contribution	I to III CACCOO UL AMIRI TO A CAUDIDATO for a chief measuring.	-177
valued at more	WE'VE CUSHICSS INCISING IN MANOR BILLON WITH HOUR A CONSTRUCT A	with said municipality
this contribution associated with an Yes Is contrib	butor a principal of a state contractor or prospective state	contractor? DYes & \$5
If yes, list Event # of go	s, indicate which branch or branches	
Aethod of Contribution:	Duta Danaina La	Legislative Aggregate Contributions
Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll D	Deduction Money Order /2/2/2/	R 855
ast Name	First	
		MI
esidential Street Address	City	State Zip Code
incipal Occupation	Name of Employer	
contributor a lobbyist, spouse, Yes If contribution i dependent child of a lobbyist? No does contributor	is in excess of \$400 to a candidate for a chief executive or	officer of a municipality. Amount of Contribution
valued at more t	" O DUSHICOS HEISHE IS RESOUTHER WITH BRUS II AMALIEM	th said municipality
this contribution associated with an Yes Is contribu	utor a principal of a state contractor or prespective state	ontractor? Yes
fyes, list Event # of gov	mulcate which branch or branches	□ No I
ethod of Contribution:	Date Pageirard	1 Legislative gregate Contributions
Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll De	eduction	gregae Commonions
	SUBTOTAL Section B — This Pa	ige \$/15
	TOTAL of additional Section B Pag	
TOTAL OF ALL CONTRIB	BUTIONS FROM INDIVIDUALS (Sections A +	Di C
(3)	Inter total on Line 13, Column A of Summary Page Total	als) \$115
		<u> </u>

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COM	AMITTEE Provide Cour	nata Manua an Banistana	estile Eilliem Damas	itami		TVDE OF REPORT	· · · · · · · · · · · · · · · · · · ·
NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository) MIEL CAR Z FOR CITY COUNCIL					TYPE OF REPORT TERMINA	TIAA)	
111000	The Fore	, , , , , , , , , , , , , , , , , , ,	Contributio	ms from C	ther Con		17870
Name of Committee	·		0.0.111.0.111	JIIS EL DELL C	Name of Tr		<u> </u>
Address							····
rudicas				ls this control	ribution associ ted in Section	ated with an Yes No	Amount of Contribution
				Train topo.	lf yes	, list Event #	
City		State	Zíp Code	Date Rec	eived	Aggregate Contributions	
		1					
Name of Committee	· · · · · · · · · · · · · · · · · · ·				Name of Tre	ndinor	
		· · · · · · · · · · · · · · · · · · ·		·			
Address			•	Is this conti	ibution associ	ated with an Yes No	Amount of Contribution
				event report	ted in Section If yes.	LT? , list Event#	
City		State	Zip Code	Date Reco		Aggregate Contributions	
Name of Committee					150	·	
Name of Committee					Name of Tre	asurer	
Address				Is this contr	ibution associa	ated with an Yes No	Amount of Contribution
				event report	ed in Section I	L1? list Event #	
City		State	Zip Code	Date Rece		Aggregate Contributions	
			`				
 					···········		
tid i jagan sa	C2.	Reimbursemen	ts or Surpl	us Distrib	utions fro	m other Committees	
Name of Committee					Name of Tre	aswer	
Address	· · · · · · · · · · · · · · · · · · ·			City	<u>.l</u>		State Zip Code
				}			
Date Received	Expenditure #	Payment Type					
	(if applicable)	1 ' ''	ent for shared e	Пе	urplus Distrib		Amount of Receipt
15		L Kennodisem	ent tot shared e	whense 112	urpius Distribi	иноп	
Description							
V		,					
Name of Committee					Name of Trea	surer	
Address			W 1447-W 144	City	. 1		State Zip Code
Date Received	Espenditure #	Payment Type					Amount of Receipt
	(if applicable)	☐ Reimburse	ment for shared	expense \square	Surplus Distri	ibution	Ansount of Receipt
Description							_
ocaci i recon							
				······································			
			SUBTO	TAL Sectio	n C — Thi	s Page	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		f additiona		<u> </u>	
· · · · · · · · · · · · · · · · · · ·		ALL COMMIT					
, , , , , , , , , , , , , , , , , , , 	(Section	s C1 + C2) (Enter t	otal on Line 14,	Column A of	Summary Pag	re Totals)	

NAME OF COMMITTEE Provide Complete Name as	s Registered with Filing Reposito	ינים	TYPE C	OF REPORT	1 42 5 01
MIELCARZ FOR CITY	COUNCIL		TER	CMINATION	. /
Name of Lender		Received this Peri	iod	ANTI DON	<u>U</u>
Name of Lender		Source of Loan:			Date of Receipt
Street Address		LI Bank LI	Candidate Individu	al Other Committee	1
Miles Caulings	City		State	Zip Code	Is there a Cosigner of
Name of Cosignet/Guarantor (if applicable)					Guarantor of this load
· · · · · · · · · · · · · · · · · · ·					Amount Received
Street Address	City		State	13%_C.d.	
				Zip Code	
Name of Lender	1	Source of Loan:			Dura ne Dangini
			Candidate 🔲 Individue	al Other	Date of Receipt
Street Address	City		State	Committee Zip Code	Is there a Cosigner or
Name of Cosigner/Guarantor (if applicable)					Guarantor of this loan Yes No
чать са Свящих саматот (у пррислозе)					Amount Received
Street Address] City	M. d	Carti	·	
]		State	Zip Code	
Name of Lender		Source of Loan:		<u> </u>	
			andidate 🔲 Individua		Date of Receipt
freet Address	City		State	Committee Zip Code	Is there a Cosigner or
	ļ				Guarantor of this loan?
ame of Cosigner/Guarantor (if applicable)			<u> </u>	<u> </u>	Yes No
treet Address					Amount Received
Irect Address	City		State	Zip Code	
		TOTAL SEC	TION D	<u></u>	
			- · · · · · · · · · · · · · · · · · · ·		
E. Receipts from Entities	other than Individu	als or Other Con	ımittees <i>(Referenc</i>	lum Committee:	s ONLY)
ne or linery					
eet Address					
			Date Received		Amount Received
,	State	Zip Code	A		
			Aggregate Contribut	ions	
ne of Entity			<u></u>		
et Address			Date Received		Amount Received
				1	
	State	Zip Code	Aggregate Contributi	ions	
e of Entity					
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t Address			Date Received		
			Date Nacenca		Amount Received
	State	Zip Code	Aggregate Contribution	nne	
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		TOTALOROM			
		TOTAL SECT	ION E		

NAME OF COMMIT	TEE Provide Complete Name as Re	gistered with Filing	Repository)		Tv	PE OF REPORT
MIELCAR	/ ^ ^	sunciz			-	
	F. Amount Transferre		liated B	isiness Treasury <i>(Bus</i>	indee Fi	TERMINATION (
Date of Receipt	Is this transaction ass	ociated with an	☐ Yes	If yes, list Event #	IFECOD ANS	Amount
	event reported in Sec	lion L1?	☐ No	, ,		
Date of Receipt	Is this transaction ass	ociated with an	☐ Yes	If yes, list Event #		Amount
	event reported in Sec	ion L1?	□ No	Appear use event #		Amogut
Date of Receipt	Is this transaction ass	ociated with an	☐ Yes	If yes, list Event #	-	A
	event reported in Sect	ion L1?	□ No	af yes, list Event #		Amount
Date of Receipt	Is this transaction asso	risted with an				
	event reported in Sect	ion L1?	☐ Yes ☐ No	If yes, list Event#		Amount
						,
				TOTAL SECTIO	NF	0
			 			
G. Amount T	ransferred from Affili	ated Labor I	Union or	Other Organization	Treas	sury (Organization Committees ONLX)
late of Receipt		Date of Receipt				Receipt
				·		
Amount			Amount			Amount
· · · · · · · · · · · · · · · · · · ·						
				TOTAL SECTION	G	0
						V
	H. Personal Funds of	the Candida	ate Rece	ived this Period (Can	didate (Committees ONLY
te of Receipt	Method of payment:					Amount
11/01/01	☐ Cash	DZ Per	rsonal Cheel	Credit/Debit C	Sard	\$ 70.00
te of Receipt	Method of payment:					Amount
	☐ Cash	☐ Per	rsonal Check	Credit/Debit C	arđ	
e of Receipt	Method of payment:					Amount
	☐ Cash	□ Per	rsonal Check	Credit/Debit C	ned	Amount
of Receipt	Method of payment:			- Credit Debit C	uru	
	☐ Cash	☐ Per	sonal Check	☐ Credit/Debit C		Amount
			Solidi Cilcek	Credio Depit Ca	ard	
				TOTAL SECTIO	NH	\$70.00
		T A				
		1. Anon	lymous (Contributions		
I	Per Public Act 11-48,	Anonymous	s Contril	outions may no long	er he d	denosited in man
amo	iunt. Il a committee i	receives an a	anonymo	ous contribution, the	camn	aign traggurar aboll
1	mmediately remit the	contribution	n to the	State Elections Enfo	rceme	ent Commission
		tor depo	sit in the	e General Fund.		

MINELEGERY FOR CITY COUNTY COUNTY TERMINATION	NAME OF COMMITTEE Provide Complete Name as Re	gistered with Filing Repository)		TYPE OF	DECORP	
Distribution Dist			· · · · · · · · · · · · · · · · · · ·			A
Name of fractitation Street Address Cey Street Address TOTAL SECTION 3 O'KEEFE ILLUSTRATIONS & DESIGN O'KEEFE ILLUSTRATIONS & DESIGN STREET ADDRESS OF ORGANIC CONSIDER ACCOUNT OF ORGANIC CONTROLLED ORGANIC CONTROLLED OF ORGANIC CONTROLLED ORGANIC CONTROLLED ORGANIC CONTROLLED ORGANIC CONTROLLED ORGANIC CONTROLLED ORGANIC CONT			ized Accoun	ts.	-1.17 1011 / 20.	, <u> </u>
Store Address Note of funitions Note of funitions Note of Indiana Store Address City Store Address City Store Address City TOTAL SECTION 3 Amount Received K. Miscellaneous Monetary Receipts not Considered Contributions Name O'HEEFE TILLUSTRATIONS B DESIGN City H. MADR HILL LANDE BRISTOL City Store Address Amount Received Amount Received Amount Received City Store Address Amount Received Amount Received Amount Received City Store Address City Store Address City Store Address Amount Received Amount Received City Store Address Amount Received Amount Received Amount Received Amount Received City Store Address City Store Address City Store Address City Store Address Amount Received			zed recoun		ved	Amount
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Store Address Store Address Store Address Store Address TOTAL SECTION J TOTAL SECTION K TOTAL SECTION	Street Address	City	s	tate	Zip Code	
Store Address Store Address Store Address Store Address TOTAL SECTION J TOTAL SECTION K TOTAL SECTION	Name of Institution					
TOTAL SECTION J K. Miscellaneous Monetary Receipts not Considered Contributions Name O'NEEFE TLLUSTRATIONS & DESIGN WING JACOBE H / KINDA HILL LANDS BRISTOL BRISTOL Cts O'NEEFE TLLUSTRATIONS & DESIGN WING JACOBE 159.53 Amount Received Name O'NEEFE TLLUSTRATIONS & DESIGN WING JACOBE 159.53 Amount Received Name O'NEEFE TLLUSTRATIONS & DESIGN WING JACOBE O'NEEFE TLLUSTRATIONS & DESIGN WING JACOBE O'NEEFE TLLUSTRATIONS & DESIGN WING JACOBE H KAIDS HILL LANE BRISTOL CTV BRISTOL CTV Sume Sume Amount Received Amount Received Amount Received TOTAL SECTION K O Sume Amount Received Amount Received TOTAL SECTION K O SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K) stal Amount Transferred from Affiliated Business Treasury (Section E) 41 Amount Transferred from Affiliated Business Treasury (Section F) 42 Amount Transferred from Affiliated Business Treasury (Section F) 43 Amount Transferred from Affiliated Business Treasury (Section F) 44 Amount Transferred from Affiliated Business Treasury (Section II) 45 70.576 46 Amount of Feteroral Funds of the Candidate Received this Period (Section II) 46 Amount of Feteroral Funds of the Candidate Received this Period (Section II) 47 Amount of Feteroral Funds of the Candidate Received this Period (Section II) 48 Amount of Feteroral Funds of the Candidate Received this Period (Section II) 49 Amount of Feteroral Funds of the Candidate Received this Period (Section II) Amount of Feteroral Funds of the Candidate Received this Period (Section II) Amount Feteroral Funds of the Candidate Received this Period (Section II) Amount Feteroral Funds of the Candidate Received this Period (Section II) Amount Feteroral Funds of the Candidate Received This Period (Section II) Amount Feteroral Funds of the Candidate Received This Period (Section II) Amount Feteroral Funds Transaction Amount Received Amount Received Amount Received A	rance of distriction			Date Receiv	red	Amount
TOTAL SECTION J K. Miscellaneous Monetary Receipts not Considered Contributions Name K. Miscellaneous Monetary Receipts not Considered Contributions Name	Street Address	City				
Name O'HEEFE TLLUSTRATIONS & DESIGN WINTER AMOUNT Received Sure Address City H K MAR HILL LANE BESIGN WIFE AND HILL LANE BESIGN WIFE AND HILL LANE BESIGN WIFE AND BESSELD WIFE AND BESSELD WIFE AND BESSELD WIFE AND BESSELD		(-1)	Si	ate	Zip Code	
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Date of Transaction						
O HEEFE TILLUSTRATIONS & DESIGN Since Address W/O9/21 Amount Received PAL HIND HILL LANE RECORD BELDENED CHECK # TO ACCOUNT ROUND ED CHECK WITH BOOK Address O'KEE FE ILLUSTRATIONS & DESIGN WITH BOOK Address FE HALL LANE SERVICTOR RECORD RETURNES CK # TO ACCOUNT BOUNCED CHECK WITH BOOK Address City Store Zip Code TOTAL SECTION K Sum Zip Code TOTAL SECTION K SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K) stal Loans Received this Period (Section D) And Amount Transferred from Affiliated Rusiness Treasury (Section F) All Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) Fed Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) Fed Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) Fed Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) Fed Amount of Interest from Deposits in Authorized Accounts (Section II) Find Amount of Interest from Deposits in Authorized Accounts (Section II) Find Amount of Interest from Deposits in Authorized Accounts (Section II) Find Amount of Interest from Deposits in Authorized Accounts (Section II) Find Amount of Interest from Deposits in Authorized Accounts (Section II) Find Amount of Interest from Deposits in Authorized Accounts (Section II) Find Amount of Interest from Deposits in Authorized Accounts (Section II) Find Amount of Interest from Deposits in Authorized Accounts (Section II)	K. Miscelland	eous Monetary Receipts not Cor	sidered Cor	tributi	ons	
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(Add Sections D through K) (Entertail on Vive V. Column 1 (2)	Consideration of the Consideration of Co				\$ <u>331.00</u>	0
	(Add Sections Det	Total of Other N	Ionetary Re	ceipts	1101 61	

II. EVENT ACTIVITY (Sections L1-L5)

Page 8 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	-011,111 (occions 1)		
MIELCARY FOR CITY CODNCIL	pastiony	TYPE OF REPOR	With the second
	Event Information	TERMIN	ATION
Event # Description	Event intol marion	 	
Date of Event Letter			Was this a fundraising
Location: Street Address	lo:		☐ Yes ☐ No
	City		State Zip Code
Subpart 1: (All Committees)			
Was this event hosted at a personal residence?	□ No	n L5 In-Kind Donation House Party and comp host(s) for food, beverag	lete required information &
Did this fundraiser include goods or services donated by a business et of up to \$200 or items donated by an individual of up to \$100?	ntity Yes (If yes, go to Section and complete requirements)	n L4 In-Kind Donation red information.)	s not Considered Contribut
Was this fundraiser a tag sale, auction, or other sale of donated items	☐ Yes (If yes, enter Total I	Receipts here.)	
with purchases from an individual of up to \$100?	□ No	***************************************	→ \$
Subpart 2: (Party Committees, Municipal Candidates and Political Were there purchases of advertising space in a program had been decided.)	Committees other than Explorate	ry Committees)	
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? Subpart 3: (Town Committees ONLY)	☐ Yes (If yes, go to Section)	L3 Purchases of Advenue of Advenue L3 Purchases of Adv	rtising Space in a Program nation.)
Did your committee sell food or beverage at a fair or similar mass	Yes (If yes, enter Total I	Parainte harn	
gathering held within the state with this fundraiser?		eccipis (icre.)	- \$
	□ No		
Event # Description			
Date of Event Letter		-	Was this a fundraising o
Location: Street Address			☐ Yes ☐ No
Acet Audress	City		State Zip Code
Subpart 1: (All Committees)			
Was this event hosted at a personal residence?	□ No	L5 In-Kind Donations a course Party and complete ost(s) for food, beverage	le required information for
Did this fundraiser include goods or services donated by a business ent of up to \$200 or items donated by an individual of up to \$100?	and complete require	L4 In-Kind Donations d information.)	not Considered Contributio
Was this fundraiser a tag sale, auction, or other sale of donated items	□ No		
with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Re	eccipts here.)	\$
where 2 (D. 1)	□ No	*****	L ³
Subpart 2: (Party Committees, Municipal Candidates and Political Candidates and Political Candidates and Political Candidates of advertising space in a program book or on a ign associated with this fundraiser?	☐ Yes (If yes, go to Section I	v Committees) 3 Purchases of Advert uplete required informa	ising Space in a Program B
	□ No	ipiete i equirea miorma	ition.)
ubpart 3: (Town Committees ONLY) bid your committee sell food or beverage at a fair or similar mass athering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Re-	reipts here.)	\$
	□No	i 	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipt	s from Sale of Donated Items —	This Page	
SUBTOTAL S Total R	ection Li—Subpart 3 <i>(Town Comm</i> eccipts from Food Purchases —	ttees ONLY)	
	TOTAL of additional Section		
TOTAL OF ALL REC	CEIPTS FROM SMALL PU	RCHASES	
(Enter total	l on Line 16a, Column A of Summary	Page Totals)	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT MIEL CAP Z FOR CITYTERMINATION L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City State Zip Code Date Received Even # Aggregate Purchases for All Events Amount of Program Ad Purchase **Amount of Sign Purchase** Name of Purchaser Purchase Made By Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City State Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase **Amount of Sign Purchase** Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City Zip Code Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City Zip Code Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)

NAME OF COMMIT	TEE (Provide Complete Name as i	Registered with Filing Rep	ository)		TYPE OF REI	PORT		
MIELCARZ						INATIO	<u>م</u> ا	
		In-Kind Donatio	ons Not Consi	dered Contrib	utions	MATIO	<u>v</u>	
Name of Donor				And the second s	Itions		-t	
Street Address			City		-1		Termin	12: 0.1
			15.00			:	State	Zip Code
Donation Given By:	Description of Donation					Fair I	Torollog V	· · · · · · · · · · · · · · · · · · ·
☐ Business Entity	-					rant w	Market vi	alue of Donatio
☐ Individual	Date Received	Event #		Aggregate Value to	or this Event			
Sole Proprietorship				1.00	I bitto L, van			
Name of Donor					••••••••••••••••••••••••••••••••••••••			
Street Address			City				Г а: :	Ter A it
			5,				State	Zip Code
Donation Given By: Business Entity	Description of Donation		<u> </u>			Fair M	larket Va	lue of Donatio
☐ Individual	Day Barrell							
☐ Sole Proprietorship	Date Received	livent #		Aggregate Value for	c this Event			
Name of Donor								**************************************
Street Address	Water-1987		City					
			€ By]	State	Zip Code
Donation Given By:	Description of Donation	7.00.1701				Fair M	'	- Pantin
☐ Business Entity						\$.3119. TAT	arket va	lue of Donatio
☐ Individual	Date Received	Event#		Aggregate Value for	this Event	 		
☐ Sole Proprietorship					tins tervin			
lame of Donor		·			·····		· · · · · · · · · · · · · · · · · · ·	
treet Address			City		N		State	Zip Code
			1				State	Zip Coue
Donation Given By: Business Entity	Description of Donation					Fair Ma	arket Vali	ue of Donation
T Individual								
Sole Proprietorship	Date Received	Event #		Aggregate value for the	his Event			
		SUI	BTOTAL Section	L4— This Page	T			
				Section L4 Pages	0		**************************************	
TOT	T AND LEVE PART EVERY PART				0			
IVIA	AL OF ALL IN-KIND DO (En	ONATIONS NOT COnter total on Line 21,	ONSIDERED CO Column A of Sum	ONTRIBUTIONS mary Page Totals)	0			
					<u> </u>		***************************************	
				·				
								

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMIT	FEE (Provide Complete Name as Registered with Filing Re	epositary)		TYPE OF R	EPORT	
MIELCAR	Z FOR COUNCIL L5. In-Kind Donations Not Consid			TERM	INATI	ומ כ
	L5. In-Kind Donations Not Consid	lered Contributions Ass	ociated with a	House Par	†y	////
Name of Host			Is this event committee?	supporting n	iore than o No	ne candidate or dendum L5
Street Address		City	<u>.</u>	····	State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	-this host/candidate	-		
Name of Host	······································	· · · · · · · · · · · · · · · · · · ·	committee?	supporting m Yes N mplete Itemiz	lo	ne candidate or
Street Address		City			State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Eventull hosts	Aggregate Value of all Events—	this host candidate			
Name of Host			committee?	supporting m Yes N Omplete Itemiz	o	ne candidate or
Street Address		City			State	Zip Code
Description of Donation				Fair Mai	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	this host/candidate			
Name of Host			committee?	upporting me □ Yes □ Ne mplete Itemiza	0	e candidate or
Street Address		Cuy	3,743,40	mprese Heines	State	Zip Code
Description of Donation	**************************************		· · · · · · · · · · · · · · · · · · ·	Fair Mar	ket Value o	f Donation
èvent #	Aggregate Value of this Event—ull hosts	Aggregate Value of all Events—1	his host candidate			
		SUBTOTAL Section L5	— This Page	0		
		FOTAL of additional Sect		Ó		
TOTA ASSOCIATED WI	L OF ALL IN-KIND DONATIONS NO THA HOUSE PARTY (Enter total on	OT CONSIDERED CONT Line 22, Column A of Summa		0		

NAME OF COMMITTEE (Provide Complete	e Name as Registered with	h Filing Repository)		TYPE OF REPORT		
MIELLART FOR CITY	COUNCIL			TERMINATIO	0.AL	
		M. In-Kind Con	tributions	4		
Name						
Street Address	######################################		City		State	Zip Code
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind Co	ontribution		
Is contributor a lobbyist, spouse, U Yes or dependent child of a lobbyist? No		a excess of \$400 to a candida business he/she is associate a \$5,000?	late for a chief executive offed with have a contract with	ficer of a municipality, 1 said municipality	1	Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ No If yes,	utor a principal of a state co , indicate which branch or ernment the contract is with	branches	□No	1	
Name						
Street Address			City		State	Zip Code
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Received	Aggregate Contributions	Description of In-Kind Co	ontribution		<u> </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in does contributor or valued at more than	n excess of \$400 to a candid r business he/she is associate n \$5,000?	date for a chief executive of ted with have a contract with \(\sqrt{Yes} \sqrt{\sqrt{No}} \) No	Ticer of a municipality, h said municipality	1	Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ No If yes, i	itor a principal of a state cor indicate which branch or b inment the contract is with:	branches	□No l		
Name					M	
Street Address	Partie de la constitución de la		City		Sinte	Zip Code
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind Co.		<u> </u>	<u> </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in does contributor or valued at more than	excess of \$400 to a candida business he/she is associate a \$5,000?	ate for a chief executive off ed with have a contract with \(\sum_{\text{Yes}}\) No	ficer of a municipality, a said municipality		Market Value Contribution
Is this contribution associated with an event reported listed in Section 1.1? If yes, list Event #	☐ No If yes, in	tor a principal of a state con indicate which branch or b rament the contract is with:	ranches	□ No		
		SUBTOTAL S	ection M — This Page	0		
		TOTAL of addit	ional Section M Pages	0		
TOTAL OF ALL IN-KIND CONT	FRIBUTIONS (E)	nter total on Line 23, Colum	on A of Summary Page Total	(4)		<u> </u>
	N. Refund	lable Deposit to Tel	lephone Company			
ast Name of Individual		First		MI	Date Deposit	Made
tesidential Street Address		City	Sta	ate Zip Code	A	Amount of Deposit
lame of Telephone Company						
treet Address		City	Stu	ate Zip Code		
TOTAL SEC	CTION N (Enter to	otal on Line 24, Calumn A	of Summary Page Totals)			<u> </u>

SEEC FORM 20

IV. EXPENDITURES (Sections P-T) NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT TERMIN ATION CITY COUNCIL P. Expenses Paid by Committee Name of Payee Date of Payment Method of Payment: AUTOMATED MAILING SERVICES LLC ☑ Check # /06 10/25/21 ☐ Debit Card Zip Code REINHARD RD CHESHIRE 07 06418 MAILING/POSTAGE Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) 1099.61 Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) Organization: O A OB OC OD Name of Payee Method of Payment: ☑ Check # 107 IMAGE /NK Street Address 10/29/21 ☐ Debit Card ☐ EFT NEWINGTON 06/11 PRINTING DOOR HANGERS 797,69 Expenditure # (if applicable) ☐ Coordinated with reimbursement sought (joint expenditure) ■ Independent Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D

Date of Payment Name of Payee Method of Payment: ☑ Check # /08 10/28/21 PRIMO PRESS LLC
Street Address ☐ Debit Card ☐ EFT 16010 106 RIVERSIDE AVE
Purpose of Expenditure Description Event # Amount LAUN SIGNS

Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) A-SIGN Expenditure #
(if applicable) 877,39 Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D Name of Payee Date of Payment Method of Payment: 10/26/21 ☑ Check # /09 ROBERT MIELCARZ Zip Code 30 KENNETH TERRACE 06010 Purpose of Expenditure Event # Amount REIMBURSE FOR ADDT'L DUE/ AUTOM POST 101.68 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) Coordinated with reimbursement sought (joint expenditure) □ Independent Coordinated without reimbursement sought (in-kind contribution) Organization: o A 2875. 71 SUBTOTAL Section P — This Page TOTAL of additional Section P Pages TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

Per Public Act 11-48, effecti SEEC FORM 20 Revised January 2015	ve January 1, 2012 committees are no longer required to itemize receipt of IV. EXPENDI	organization expenditures from Legislative [TURES (Sections P-	TT)	
NAME OF COMMI	TEE (Provide Complete Name as Registered with Filing Repository		TYPE OF REPORT	092 43 Page 13 of 17
MIELCAR	Z FOR CITY COUNCIL		TERMINAT	INN
		s Paid by Committee		
Name of Payee			Date of Payment	Method of Payment:
O'KEEFE	ILLUSTRATION & DESIGN		5/04/2/	☑ Check # // 5) ☐ Debit Card ☐ EFT
Street Address		City	1./5./	☐ Debit Card ☐ EFT State Zip Code
41 KNOB	HILL LANG	BRISTOL		CT 06000
Purpose of Expenditure (by code)	Description	f	ent #	Amount
Expenditure #	MAILER DESIGN PRET			
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required u	inless "None of the below" is chec	cked)	159.53
	None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	· · · · · · · · · · · · · · · · · ·	_	/3//03
Name of Payee	Cooldinated without remoutachions sought (m-kma con	LI Organization:	Date of Payment	Method of Payment:
2111	a a constant		11/15/21	Check #_//
O' KEEF C Street Address	ILLUST & DESIGN	City	11/15/21	Debit Card DEFT
İ	HILL LANE	BRISTOL		State Zip Code CT CG 0/0
Purpose of Expenditure (by code)	Description	Evel	nt#	Amount
A-OTH	MAILER DESIGN / RET			171.53
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un		ked)	1///33
	Mone of the below Coordinated with reimbursement sought (joint expenditur	re) 🔲 Independent		
	Coordinated without reimbursement sought (in-kind control	- •	OA OB OC OD	
Name of Payee			Date of Payment	Method of Payment:
OKEEFE	1LLUST & DESIGN		12/02/21	☐ Check # // ② ☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
	JOB HILL LANE	BRISTOL		et 06018
Purpose of Expenditure (by code)	Description	REPLACE	nt#	Amount
A-OTH	MAILER DESIGN / CORRE	et check	100	10 1
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required u	inless "None of the below" is chec	rked)	183.53
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditu	ura) — Indonesia		
	Coordinated with termodisement sought (in-kind cont		OA OB OC OD	
Name of Payee			Date of Payment	Method of Payment:
PEOPLES	UNITED BANK		11/04/21	Check #_//O
Street Address	UNITED BANK	City	1 101/01	☐ Debit Card ☐ EFT State Zip Code
4 RIVER	SIDE AVE	BRISTOL	r	CT 06010
Purpose of Expenditure (by code)	Description	Even	st#	Amount
BNK	RETURNED CHECK # 110 - FE	EE		257 24
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	dess "None of the below" is check	ked)	37.00
	 ✓ None of the below ☐ Coordinated with reimbursement sought (joint expenditurent) ☐ Coordinated without reimbursement sought (in-kind controlled) 			
		Organization.	OA OB OC OD	
		SUBTOTAL Section P — Thi	s Page \$ 551,59)
	ŤO	TAL of additional Section P	Pages 2928 17	

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

P9343

Page 13 of 17

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
MIELCH	TERMINIA	TERMINATION						
	P. Expenses	Paid by Committee						
PEDPLES UNITED BANK Street Address City			Date of Payment 11/22/2/	Method of Payment: Check #_/// Debit Card DEFT				
// n				State	Zip Code			
Purpose of Expenditure	SIDE AUE Description	BRISTOL	Le-	CT 06018				
(by code)			Event #	Amount				
BNK Expenditure #	RETURN CHECK # 111- FEE	CHECK # III - FEE						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D							
Name of Payee			Date of Payment	Method of [
PEOPLES	S-UNITED BANK		NOV 202/	☐ Check				
Street Address	97700 37700	City		State	Card EFT Zip Code			
4 Auton	ALC:	Reintal		11 +	06010			
Purpose of Expenditure	SINE AVE Description	BRISTOL	Event #	CT				
(by code)				ŀ	Amount			
BNK Expenditure #	MONTHLY SERV CHG'S			ر بر م بر	- - a			
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below	15,00						
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri		ion: OA OB OC OD					
Name of Payee			Date of Payment	Method of P	•			
PEOPLES	UNITED & ANK !		15/08/21	☐ Check				
Street Address	UNITED BANK	City	1 /08/97	State	Card			
4 RIVER	PSIDE AVE Description GIVEN IN COINS TO CLOSE	BRISTOL		CT	06010			
Purpose of Expenditure (by code)	Description GIVEN IN COTHS TO CLOSE	CK'G ACCT	Event #	Į A	Amount			
SRPLS	SURPLUS DISTRIB/TERMINTION	OF COMMITTEE						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	1	36					
	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control							
Name of Payee		ibution)	Date of Payment	Method of Pa	hyment-			
				☐ Check	•			
Street Address		City		Debit C				
		City		State	Zip Code			
Purpose of Expenditure (by code)	Description		Event #	I	Amount			
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required und	less "None of the below" is o	rhecked)					
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure ☐ Coordinated without reimbursement sought (in-kind contri							
		UBTOTAL Section P—	This Page \$ 57.27					
	PO	FAL of additional Section	n P Pages 3427.3		٠. ٠			
	TOTAL OF ALL EXPE		MITTER	·				
	(Enter total on Line	19, Column A of Summary I	Page Totals) 3479.6	φ				

NAME OF COMMIT	T	TYPE OF REPORT						
MIELCA								
		penses Paid by Cano	didate					
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment						bursement claimed?		
MITTERMA		10/01/11		∕ Yes □ No				
Street Address		10/26/21	State	Zip Code				
11,07	، سيسور و		1	86410				
Purpose of Expenditure	Divent#		Amount					
Street Address City Compared Compared City Compared Compared City City City City Cheshire City Cheshire Compared Cheshire					1168			
POSI								
Name of Payee (Name of	Dat	te of Payment	Is reimb	oursement claimed?				
						Yes 🔲 No		
Street Address		City			State	Zip Code		
Purpose of Expenditure	Description	·····	Event#	· · · · · · · · · · · · · · · · · · ·	1	Amount		
(by code)								
Name of Payce (Name of	 Vendor, Person or Entity who candidate paid directly)		Dat	e of Pavment	le raint	monmont alojus 49		
	,			o vi kaymon	Is reimbursement claimed?			
Street Address		City						
ones radios		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#		Amount			
					İ			
Name of Payce (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment						Is reimbursement claimed?		
						Yes 📙 No		
Street Address	M. M. M. M. M. M. M. M. M. M. M. M. M. M	City		······································	State	Zip Code		
Purpose of Expenditure	Description		Event #			Amount		
(by code)								
Name of Paves (Name of I	endor, Person or Entity who candidate paid directly)		15.	an an		······································		
ranic in Layou (France of F	етог, гезон от елицу очно стините риш инеспу		Date	e of Payment	Is reimhursement claimed?			
					·	Yes 🔲 No		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #			Amount		
,,,,								
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date	of Payment	ls reimb	ursement claimed?		
						Yes 🔲 No		
Street Address		City			State	Zip Code		
					Sanc	Zip Code		
Purpose of Expenditure	D	<u> </u>	le . "					
(by code)	Description		Event#		<i>.</i>	Amount		
		SUBTOTAL Section Q -	– This Pag	je 101.0	68			
	Ti	OTAL of additional Section	on Q Page	s 4				
		PENSES PAID BY CA		E.	8			

IV. EXPENDITURES (Sections P-T)

Page 15 of 17

Name of Issuing Institu		Type of Cred			TYPE OF F TER. rd	MINA	TION	
Name of Vendor, Person or I	non	Type of Cred		edit Ca	rd			
Name of Vendor, Person or I	non	Type of Cred						
Name of Vendor, Person or I								
		☐ Visa	☐ Master (Card 🔲	Discover	☐ Americ	an Expre	ss 🗖 Other:
Street Address	inthy	**************************************						Transaction
Street Address							Date of	transaction
		City	· · · · · · · · · · · · · · · · · · ·					
		""					State	Zip Code
Purpose of Expenditure 1	Description	<u> </u>						
(by code)				Event#				Antount
Empy 19				1			1	
Expenditure # (If applicable)	ype of Expenditure (Itemization in Addendum R Required)	ınless "None o	f the below"	is checked			1	
	None of the below		,	- CHECKIEN			į	
1 6	 Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind continue) 	ire)	☐ Indepe					
Name of Vendor, Person or En	nite	u iDutiOI)	Organia	zation: o A	0 B 0	C o D		
, - wiban of Li	····y						Date of 7	ransaction
Street Address			٠					
oneer Address		City				···	State	Zip Code
							ISCALLO	anp Code
urpose of Expenditure De	escription			Paras 0				
by code)				Event #		j		Amount
Expenditure #								
(f applicable)	pe of Expenditure (Hemization in Addendum R Required un	nless "None of	the below" is	checked)				
!	None of the below Coordinated with reimbursement sought (joint expenditure)					-		
E	Coordinated without reimbursement sought (in-kind contraction)	e) ibution)	Indepen			ļ		
lame of Vendor, Person or Enti								
							Date of Tr	ansaction
reet Address								
	ļ	City					State	Zip Code
rpose of Expenditure Des	ecription	· · · · · · · · · · · · · · · · · · ·	I	Event #				
1				•				Amount
penditure #	of Expanditure (Francisco)	· · · · · · · · · · · · · · · · · · ·						
applicable) Type	of Expenditure (Itemization in Addendum R Required unit None of the below	less "None of t	he below" is o	checked)				
	Coordinated with reimbursement sought diging apparations	1	☐ Independ	oni				
	Coordinated without reimbursement sought (in-kind contrib				0 P 0 0			
					T 0	ועיט		
	SUBT	OTAL Secti	on R — Thi	is Page				
					-			
	TOTAL	of additiona	Section R	Pages	10			
TOTAL	OF ALL EXPENSES INCUDDED ON CO.	NA XARTEVENIO	~~~	ا ≟ ، شد	+			
	(Enter total on Line 27,	VIVITTEE Column 4 of	CKEDIT	CARD	0			
	SUBT	OTAL Secti	l Section R	is Page Pages	0	о Б		

NAME OF COMMI	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	· · · · · · · · · · · · · · · · · · ·		
MIELCAR	Z FOR CITY COUNCIL	TERMINIAS	TERMINIASIA			
	S. Expenses Incurred by Committee but Not	Paid Duri	ng this Period	7070		
Name of Creditor	Date Incur	red				
Street Address	City			State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #	1		Bunt Incurred imate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent	ed) DAOBOCOD			
Name of Creditor			·	Date Incurr	ed	
Street Address	City			State	Zip Code	
Purpose of Expenditure by code)	Description	Event #			unt Incurred nate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the I None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent	d) A o B o C o D			
Name of Creditor				Date Incurre	d	
ireet Address	City			State	Zip Code	
urpose of Expenditure ny code)	Description	Event#			ent Incurred aue or Actual)	
xpenditure # f applicable)		Independent	<i>t)</i> А о В о С о D			
	SUBTOTAL Se	rtion S-This P	age			
OTAL OF ALL EX	PENSES INCURRED BY COMMITTEE DURING THIS PERIOD (Enter total on Line 28, Column A of S	BUT NOT P. ummary Page T	AID (atals)			
	Previously reported Expenses Unpaid and s	till Outstandi	ng O	· · · · · · · · · · · · · · · · · · ·	···	
	TOTAL OF ALL EXPENSES INCURRED BY COMMITTER (Enter total on Line 28a, Column A of Si	BUT NOT P	AID ()			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Rep	ository)			l r	YPE OF R	PPORT	, , , , , , , , , , , , , , , , , , , 	×v
				TERMINATION					
	T. Itemization of Re	imbı	ırsements	and Secon	adary Pa	avees	4000	<i>97</i> (1	
Lust Name of Worker/Co			iist ROBETC				Mt	Date of Person o	
Name of Vendor, Person	 -				Payment	to Reimburse		Worker/Consultant a	
AUT OM A	,		·			in Section P: ck #_ <i>109</i>	De	ebit Card	
			City					State	Zip Code
1487 R	EINHARD RD	<u></u>	CHES	HIRS	_			CT	06416
Purpose of Expenditure (by code) POST	POSTAGE ADDITIONAL				Event #	_			Amount
Expenditure # ((f applicable)	xpenditure #							 	101,68
	None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	expendi	iture)	☐ Indepe	endent		ос о в		07,68
Last Name of Worker/Cor	sultant	F	irst	- Organ	ization. V A	(MI		avment to Vendor.
**************************************								Person o	
	r Entity Paid by Committee Worker/Consultant			\$.**		Payment in reported in Ches	n Section P:		Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City			. 1		State	Zip Code
Purpose of Expenditure (by code)	Description			*	Event#		•		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Red None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in-	expendit	ture)	☐ Indepe			o C o B		
Last Name of Worker/Con	sultant	Fi	rst		- A	V B	MI	Date of P Person or	ayment to Vendor,
								1 623011 01	ione,
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant			****************		Payment to reported in Check	i Section P:		Vorker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City			LI Chec	:K #	L_ Det	oit Card
Purpose of Expenditure (by code)	Description				Event #				Amount
Expenditure #	Type of Expenditure (Itemization in Addendum T Req	uired 1	ınless "None o	f the below" i	s checked)				
	☐ None of the below ☐ Coordinated with reimbursement sought (joint e ☐ Coordinated without reimbursement sought (in-l	xpenditi tind con	ure) tribution)	☐ Indeper	ndent	0 B 0	Сов		
			SUBTOTAL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		101.68	0	
		TC	OTAL of add	itional Secti	ion T Pag	es	101, 40	3	***
TOTAL OF ALL	REIMBURSEMENT TO COMMITTE	E WO	RKERS A	ND CONS	ULTAN	rs /	01.68	7. 11	
						/	01,68		- 100-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
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